

## Health Department City of Baltimore.

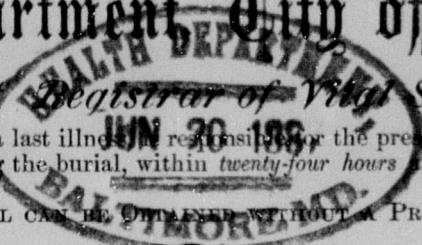
Permit No. A 481

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 19<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Walter S. Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore, life.

Place of Death, { Give Street and Number. } 402, N. Dallas St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Convulsions

Duration of Last Sickness,

1 day.

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, June 20 1887

{ Undertaker, Margaret Fife }

J. D. Grif.

M. D.

Medical Attendant.

{ Place of Business, No 102 Mulberry St. Address, 1435 Orleans St. city of Baltimore }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No. A 482

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

June 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant of Wm. H. and Susan Butler

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

Years,

Months,

4

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. }

1130 Clarkson Alley

Cause of Death, { First (Primary), Premature Birth  
Second (Immediate), Irranition

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 20 1887

{ Undertaker, G. E. Brown Thomas Stevens M. D. Medical Attendant

{ Place of Business, Health Office Address, Eugen &amp; R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. C. Seward, Jr.

[OVER.]

## Health Department, City of Baltimore.

Permit No. A 483

Office of Registrar, DEPARTMENT OF VITAL STATISTICS.

Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

Date of Death,

June 18 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ella Russell &amp; Bob. King (parents)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_

2 Months,

Days.

Color, Col. \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Rochester - n. y.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Two days

Place of Death, { Give Street and Number. }

No. 125 (Old no.) N. Chas. st.

Cause of Death, { First (Primary), \_\_\_\_\_ }

Enteritis

Second (Immediate), \_\_\_\_\_

Duration of Last Sickness,

About one week

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery -

Date of Burial, June 20 '87

{ Undertaker, Geo. Pinehay Alexander Hill, M. D. Medical Attendant.

{ Place of Business, Health Office Address, Crooker.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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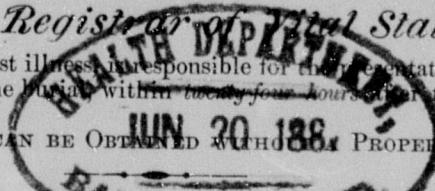
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## Health Department, City of Baltimore.

Permit No. A. 484 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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## CERTIFICATE OF DEATH.

Date of Death,

June 20<sup>th</sup> 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Valentine Roberts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, 4 Months, 7 Days.Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Contractor Celler digger

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

GermanyDuration of Residence in the City of Baltimore, 46 Year

Place of Death, { Give Street and Number. }

Horn 1911.

Cause of Death, { First (Primary), }

Inflammatory Pneumonia  
Pneumonia of Heart

{ Second (Immediate), }

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, National CemeteryDate of Burial, June 21Chas. J. SimmsM. D.

Medical Attendant.

{ Undertaker, A. O. R. Bandell }{ Place of Business, 950 Gay St }Address, 804 W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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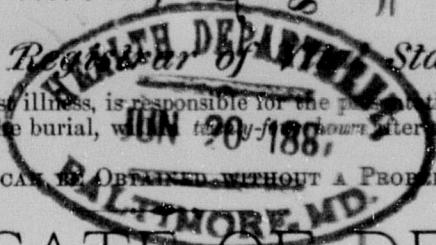
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## Health Department, City of Baltimore.

Permit No. A 485 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 18<sup>th</sup> 1887Full Name of Deceased, Emma L. Brown { Write legibly and spell correctly. If an infant not named, give names of parents. }Sex, Male or Female, { Cross out the word not required in this line. } FemaleAge, 40 Years, 11 Months, 14 DaysColor, WhiteMarried, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York CityDuration of Residence in the City of Baltimore, 13 YearsPlace of Death, { Give Street and Number. } 1. W. Cor. of Fulton & La Fayette Ave.Cause of Death, { First (Primary), Fatty Degeneration of the Liver, Second (Immediate), Schistosomiasis }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Mode of Death - Slow Starvation following ed by ComaDate of Burial, June 20<sup>th</sup> 1887{ Undertaker, Wm. G. Leiter }{ Place of Business, 530 N. Fayette St. Address, 309 St. Paul St. E. B. }

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

# Health Department, City of Baltimore.

Permit No. **A 1486**

Office of Registrar of Vital Statistics.

Ward **10**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 19th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Mary O'Brien**

Sex, Male or Female, { Cross out the word not required in this line. }

**Female**Age, **75**

Years,

Months,

Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

**Irland**Duration of Residence in the City of Baltimore, **37 Years**Place of Death, { Give Street and Number. } **140 Saratoga st & Howard**

Cause of Death, { First (Primary), Second (Immediate), }

**Organic Dis. of Heart. (Nitral Regurgitant)**Duration of Last Sickness, **3 mos**

All the above information should be furnished by the Physician.

Place of Burial, **New Cathedral**Date of Burial, **June 21st**{ Undertaker, **H. C. Wiedefeld** }{ Place of Business, **916 Greenmt** }**C. T. Brown.****M. D.**

Medical Attendant.

Address, **One**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

## Health Department, City of Baltimore.

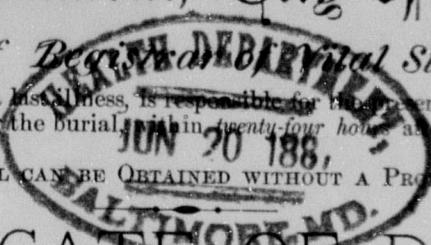
Permit No. A 487

Office of Registration of Vital Statistics.

Ward 14

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 19, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jane Whitmore

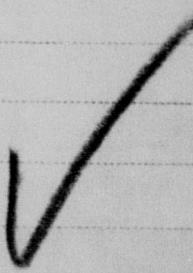
Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years.

Months,

Days.

Color, White



Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Virginia.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

About 16 years.

Duration of Residence in the City of Baltimore, About 16 years.

Place of Death, { Give Street and Number. }

1307 W. Pratt St.

Cause of Death, { First (Primary),

Chronic Nephritis.

Second (Immediate), Phenomenism &amp; Convulsions.

Duration of Last Sickness,

About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver

Date of Burial, June 21, 1887

Undertaker, J. W. Leonard &amp; Son, John D. White, M. D.

Place of Business, 1038 W. Baltimore Address, 1039 N. Broadway

Medical Attendant.

[over.]

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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# Health Department, City of Baltimore.

Permit No. **A 488** Office of Registrar of Vital Statistics. Ward **2**

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 18th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Wolf Dorsch**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **52** Years, Months, **0** Days.

Color, **White**

Married, **Single**, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **Laborer**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **17 years**

Place of Death, { Give Street and Number. } **# 1604 Lancaster St**

Cause of Death, { First (Primary), Second (Immediate), } **Dysentery**

Duration of Last Sickness, **8 weeks**

All the above information should be furnished by the Physician.

Place of Burial, **St. Pauls cemetery**

Date of Burial, **June 20th 1887** John H. Rehberger, M. D.

Undertaker, **A. Sanders Son**

Medical Attendant.

Place of Business, **1710 Carlton Ave**

Address, **#1709 Alice Lane**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

## Health Department, City of Baltimore.

Permit No. A

489

Office of Registrar of Vital Statistics.

Ward

18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

JUNE 19<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

ANNA FREBEC

RADCLIFFE,

Sex, Male or Female, { Cross out the word not required in this line. }

FEMALE

Age,

1 Years,

Months,

6 Days.

Color,

WHITE,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

BALTIMORE, MD.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

DURING RRLIFETIME,

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

114 SOUTH FULTON AVENUE,

Cause of Death, { First (Primary), Second (Immediate), }

ACUTE MENINGITIS,

CONVULSIONS.

Duration of Last Sickness,

3 DAYS.

All the above information should be furnished by the Physician.

Place of Burial, New Market, Balto. Co.

Date of Burial, June 21/87

WILLIAM BRICKERT,

M. D.

Medical Attendant.

{ Undertaker, J. B. Cook }

{ Place of Business, 1003 E. Balto. Address,

PENNA AVE &amp; ROBERT ST.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4721 Transl.

# Health Department, City of Baltimore.

Permit No. A 499

Office of Registration and Vital Statistics.

Ward 20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, June 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosalba Semiring

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 Years, 0 Months, 0 Days

Color. *Yellow*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*.....

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Seattle, Washington, D. C.

Duration of Residence in the City of Baltimore, ~~Twelve~~ Eighteen years

Place of Death, { Give Street and Number. } 1336 Warren Ave

### First (Primary)

*Cause of Death, { First (Primary), -  
Second (Immediate), Gradual nervous exhaustion -*

Duration of Last Sickness. Eight months

All the above information should be furnished by the Physician.

Place of Burial, c. at Silver Cemetery 1888

Date of Burial, June 21, 1889 | John Nepp M. D.  
of Hutchinson, Wichita, Kansas

Undertaker, John G. Warner  
Place of Business, 158 Hanover  
Address, 701 New Haven  
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the  
City of Baltimore.**

**City of Baltimore.**